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March 6, 2001

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JUN 19 2001

Technology Center 2100

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

RE: Serial No. 09/741,620
Filed December 19, 2000
For: **INTERACTIVE INVOICER INTERFACE**
Our File No. 4156-006

Dear Sir:

Applicants request that the Filing Receipt received March 5, 2001 be corrected as follows:

The first name of the third inventor should be "JOSHUA."

The title of the invention should be "**INTERACTIVE INVOICER INTERFACE.**"

A copy of the filing receipt showing the corrections needed is enclosed.

Respectfully requested,

Edward W. Rilee
Registration No. 31,869

EWR/dc
Enclosure



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/741,620	12/19/2000	2167	3344	4156-006	13	153	6



Edward W. Rilee
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CONFIRMATION NO. 5816
FILING RECEIPT

OC000000005813080*

Date Mailed: 03/01/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

R. Alan Neely, Greensboro, NC;
 Scott Boulette, Greensboro, NC;
 Joshua B. Fallon, Mary Esther, FL;
 Bartholomew Coan, Greensboro, NC;
 James C. Wrather, Greensboro, NC;

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Continuing Data as Claimed by Applicant**Foreign Applications**

If Required, Foreign Filing License Granted 02/27/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

Title

Interactive invoicer interface

Preliminary Class

705



Data entry by : ALHAIDARI, KHAIRIA

Team : OIPE

Date: 03/01/2001

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**



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- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
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- The title may be truncated if it consists of more than 600 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."
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Bib Data Sheet

CONFIRMATION NO. 5816

SERIAL NUMBER 09/741,620	FILING DATE 12/19/2000 RULE	CLASS 705	GROUP ART UNIT 2167	ATTORNEY DOCKET NO. 4156-006
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APPLICANTS

R. Alan Neely, Greensboro, NC;
 Scott Boulette, Greensboro, NC;
 Joshua B. Fallon, Mary Esther, FL;
 Bartholomew Coan, Greensboro, NC;
 James C. Wrather, Greensboro, NC;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/27/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	NC	13	153	6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Interactive invoicer interface

FILING FEE RECEIVED 3344	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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